

4800

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Dade
 District of _____
 Town of Miami
 or _____
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148
 Co. Registrar's No. 463
 Local Registrar's No. _____

FULL NAME OF CHILD Jose Urena
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES
 Alive NO

Sex of Child Male Twin, Triplet or other _____ and Number in order of birth 1 Legitimate? Yes Date of Birth Sept 30 - 1922
 Month Day Yr.

FATHER
 Full Name Francisco Urena
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 23 Years
 Birthplace Zacatecas, Mex.
 Occupation Miner

MOTHER
 Full Maiden Name Catalina Onaado
 Residence Miami, Arizona
 Color or Race Mex. Age at last Birthday 17 Years
 Birthplace Zacatecas, Mex.
 Occupation Housewife

Number of child of this Mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on Sept. 30, 1922 at 11 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 Signature C. M. Crow M.D.
 Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191__ Filed Sept 30 1922 Address Miami, Arizona
141-930-346 A True Copy Oct 6 1922 LOCAL REGISTRAR.
 COUNTY REGISTRAR. COUNTY REGISTRAR.